

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10-1-00 through 10-21-00
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Date of election if applicable: (Month, Day, Year) 11-7-00
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<b>FILED</b> Date Stamp OCT 26 2000 CITY OF SANTA MARIA <i>Patricia Martinez</i> City Clerk	<b>Page 1 of 9</b> For Official Use Only
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## 1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 5.)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Broad Based

## 2. Type of Statement:

- ☒ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election  
Statement - Attach Form 495

## 3. Committee Information

ID NUMBER  
1227669

### COMMITTEE NAME

Alice Patino for City Council

### Treasurer(s)

#### NAME OF TREASURER

Tom Martinez

#### MAILING ADDRESS

2450 Professional Parkway Ste 220

#### CITY

STATE ZIP CODE

AREA CODE/PHONE

Santa Maria,

CA 93455 (805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY

#### MAILING ADDRESS

Santa Maria, CA 93455 (805) 346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Santa Maria City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2450 Professional Parkway Ste. 220 Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

ID. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Alice Patino for City Council

Statement covers period  
from 10/01/00  
through 10/21/00

CALIFORNIA  
FORM 460  
Page 3 of 9  
I.D. NUMBER  
1227669

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions .....	Schedule A, Line 3 \$ 3835.00	\$ 7209.00	\$ 11044.00
2. Loans Received .....	Schedule B, Line 7 -0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 3835.00	\$ 7209.00	\$ 11044.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 -0-	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 3835.00	\$ 7209.00	\$ 11044.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 2593.18	\$ 1605.44	\$ 4198.62
7. Loans Made .....	Schedule H, Line 7 -0-	-0-	-0-
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 2593.18	\$ 1605.44	\$ 4198.62
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 -0-	-0-	-0-
10. Nonmonetary Adjustment .....	Schedule G, Line 3 -0-	-0-	-0-
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 2593.18	\$ 1605.44	\$ 4198.62

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 5603.56
13. Cash Receipts .....	Column A, Line 3 above 3835.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 1.87
15. Cash Payments .....	Column A, Line 6 above 2593.18
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6847.25

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part I, Column (b) \$
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ -0-
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column C above \$ -0-

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

20. Contributions Received .....	1/1 through 6/30 \$	7/1 to Date \$
21. Expenditures Made .....	1/1 through 6/30 \$	7/1 to Date \$

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10-1-00  
through 10-21-00

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FORM 460

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Alice Patino for City Council

ID. NUMBER  
1227669

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (# COMMITTEE ALSO ENTERED, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-7-00	Freitas Bros. P.O. Box 895 Guadalupe, CA 93434	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
10-6-00	Hampton Farming 2515 S. Professional Parkway Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	
10-6-00	Central Coast Investments 900 E. Main St Ste 101 Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	
10-3-00	Leo Acquistapace 8721 Foxen Canyon Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Acquistapace Farms	100.00	100.00	
10-3-00	Judith Lundberg 1858 Prell Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	
SUBTOTAL \$ 700.00						

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 3100.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 735.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3835.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

ballot 460  
FORM

Statement covers period  
from 10-1-00  
through 10-21-00

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NAME OF FILER

Alice Patino for City Council

ID NUMBER  
1227669

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-3-00	James Diani 1320 Foxenwood Dr Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner AJ Diani Construction Company, Inc.	100.00	100.00	
10-2-00	Maretti & Minetti Ranch Co. P.O. Box 939 Guadalupe, CA 93434	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150.00	150.00	
10-10-00	Coastal Properties, LLC 221 Town Center West #261 Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1000.00	
10-10-00	Joseph Wickham 1328 Charlotte Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Sales Manager PCA Western Farm Service	100.00	100.00	
10-13-00	OSR Enterprises, Inc 1910 E. Stowell Rd Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	
10-21-00	Larry Ferini P.O. Box 6617 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farming Rancho Laguna Farms	200.00	200.00	
SUBTOTAL \$1800.00						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

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NAME OF FILER

ID NUMBER  
1227669

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-19-00	Cheryl Renee Bognuda 340 Anise Ln Nipomo, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner R/C Bognuda Livestock	100.00	100.00	
10-19-00	Home Motors 1313 E. Main St Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$ 600.00						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

**Schedule E**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER  
Alice Patino for City Council

**CODES:** If one or the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributors                                     |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL tv, or cable airtime and production costs                 |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (If COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Parents Ballot Guide 20705 S. Western Ave. #209 Torrance, CA 90501	PRT		..	300.00
KUHL, 716 E. Chapel Santa Maria, CA 93454	RAD			1,405.00
Republican Voter Checklist 19300 S. Hamilton Ave. Ste. 230 Gardena, CA 90248	PRT			250.00
<b>SUBTOTAL \$ 1,955.00</b>				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 2,493.00
2. Unitemized payments made this period of under \$100 ..... \$ 100.18
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ -
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 2,593.18**



Type or print in ink.  
Amounts may be rounded  
to whole dollars.

# CALIFORNIA FORM 460

**Statement covers period**  
from 10/01/00  
through 10/21/00

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CMP	campaign paraphernalia/etc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FND	fundraising events
IND	independent experience supporting/opposing others (explain)
LIT	campaign literature and mailings
MTG	meetings and appearances

OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs

AFD	returned contributors
SAL	campaign workers salaries
TEL	l.v. or cable airtime and production costs
TRC	candidate travel, lodging and meals (explain)
TRS	staff/spouse travel, lodging and meals (explain)
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Democratic Voters Choice 555 S. Flower St. Ste. 4510 Los Angeles, CA 90071	PRT			400.00
Benedetti & Associates PO Box 5958 Santa Maria, CA 93456	PRO			138.00

**Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

**SUBTOTAL \$** **E30.00**



**Type or print in ink.**  
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**to whole dollars.**

**Statement covers period**  
from 10-1-00  
through 10-21-00

**SCHEDULE I**  
**CALIFORNIA**  
**FORM**  
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**DATE RECEIVED**

**FULL NAME AND ADDRESS OF SOURCE**  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

**DESCRIPTION OF RECEIPT**AMOUNT OF  
INCREASE TO CASH[illegible]

**Attach additional information on appropriately labeled continuation sheets.**

## Schedule I Summary

- |   |                      |
|---|----------------------|
| <b>Schedule I Summary</b>   |                      |
| 1. Increases to cash of \$100 or more this period. ....   | \$ -0-               |
| 2. Unitemized increases to cash under \$100 this period. ....   | \$ 1.87              |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) .....                            | \$ -0-               |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... | <b>TOTAL \$ 1.87</b> |